

MAR 26 2013

ARROYO GRANDE
CITY CLERK

Please type or print in ink.

NAME OF FILER (LAST)

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FERRARA, TONY

1. Office, Agency, or Court

Agency Name

CITY OF ARROYO GRANDE

Division, Board, Department, District, if applicable

CITY COUNCIL

Your Position

MAYOR

► If filing for multiple positions, list below or on an attachment.

Agency: SUCCESSOR AGENCY / ARROYO GRANDE

Position: CHAIRMAN

2. Jurisdiction of Office (Check at least one box)

☐ State

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☐ Multi-County

☐ County of

☒ City of ARROYO GRANDE

☐ Other

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2012, through December 31, 2012.

☐ Leaving Office: Date Left ____/____/____
(Check one)

-or-

The period covered is ____/____/____, through December 31, 2012.

☐ The period covered is January 1, 2012, through the date of leaving office.

☐ Assuming Office: Date assumed ____/____/____

☐ The period covered is ____/____/____, through the date of leaving office.

☐ Candidate: Election year ____ and office sought, if different than Part 1: ____

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: ____

☐ Schedule A-1 - Investments - schedule attached

☐ Schedule C - Income, Loans, & Business Positions - schedule attached

☐ Schedule A-2 - Investments - schedule attached

☐ Schedule D - Income - Gifts - schedule attached

☐ Schedule B - Real Property - schedule attached

☒ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

herein and in any attached schedules is true and complete. I acknowledge

I certify under penalty of perjury under the laws of the State of California

Date Signed MARCH 25, 2013
(month, day, year)

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name _____

- You must mark either the gift or income box.
- Mark the "501(c)(3)" box for a travel payment received from a nonprofit 501(c)(3) organization or the "Speech" box if you made a speech or participated in a panel. These payments are not subject to the \$440 gift limit, but may result in a disqualifying conflict of interest.

► NAME OF SOURCE (Not an Acronym)
League of California Cities

ADDRESS (Business Address Acceptable)
1400 K Street

CITY AND STATE
Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE ☒ 501 (c)(3)
Advocacy for cities and their residents

DATE(S): ____/____/____ - ____/____/____ AMT: \$ 2,285.19
(If gift)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

☐ Made a Speech/Participated in a Panel
☒ Other - Provide Description
Travel, meals, lodging for volunteer services as a
member of the League Board of Directors

► NAME OF SOURCE (Not an Acronym)
South San Luis Obispo County Sanitation District

ADDRESS (Business Address Acceptable)
P.O. Box 339

CITY AND STATE
Oceano, CA 93475-0339

BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
Special District

DATE(S): ____/____/____ - ____/____/____ AMT: \$ 1,800.00
(If gift)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

☐ Made a Speech/Participated in a Panel
☒ Other - Provide Description
Board Member Stipend (\$100.00 per meeting)

► NAME OF SOURCE (Not an Acronym)
San Luis Obispo Council of Governments

ADDRESS (Business Address Acceptable)
1114 Marsh Street

CITY AND STATE
San Luis Obispo, CA 93401

BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
Regional Transportation & Planning Agency

DATE(S): ____/____/____ - ____/____/____ AMT: \$ 700.00
(If gift)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

☐ Made a Speech/Participated in a Panel
☒ Other - Provide Description
Board Member Stipend (\$100.00 per meeting)

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)

DATE(S): ____/____/____ - ____/____/____ AMT: \$ _____
(If gift)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

☐ Made a Speech/Participated in a Panel
☐ Other - Provide Description

Comments: _____